

WHAT IS ACCEPTANCE? THE PERCEPTIONS OF ADULTS WHO STUTTER

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Honors Thesis

Appalachian State University

Submitted to the Honors College  
in partial fulfillment of the requirements for the degree of

Bachelor of Science

May, 2016

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## **Abstract**

The concept of acceptance as it is related to stuttering is relatively new, and thus there is a dearth of research on the topic. Some researchers have presented their definitions for “acceptance,” but there is no universally-accepted definition for acceptance in the field of Speech-Language Pathology. This is the first study to examine the perceptions of people who stutter regarding the meaning and impact of acceptance and the role it plays in stuttering management and recovery. The method involved a self-created survey consisting of two open-ended free response questions, 5 five point Likert-type scale questions, 4 five point Likert-type scale questions with an opportunity to give examples, and one question in which the participant was asked to rank 7 definitions of acceptance as it is related to stuttering from the definition they agree with the most (1) to the definition they agree with the least (7). The survey was distributed via online stuttering support groups on social media websites and was completed by 54 adults who stutter. Results of the survey indicated that acceptance is a crucial component for managing and recovering from stuttering. Most respondents viewed acceptance as a positive and important aspect, instead of as “giving up.” Common themes for the definition of acceptance included: (1) “accepting” stuttering or “accepting” that they are different, (2) the ability to speak freely and not feel the need to hide their stutter, (3) feeling that stuttering is a part of who they are and embracing the role of a person who stutters, and (4) being okay or being comfortable with their stutter. These findings suggest that acceptance is a difficult concept to define in a concrete and universal manner.

Common themes for situations in which participants most accepted their stuttering included: (1) around loved ones, (2) when they were being open about their stuttering, (3) around others who stutter or SLPs, (4) talking in casual or familiar conversations and

settings, and (5) all or most of the time. This finding suggests that openness and acceptance often coexist and could be interconnected.

Overall, participants indicated that acceptance is an important aspect in living with stuttering. More research aimed towards educating people who stutter about what acceptance is and with a larger and more diverse sample size and population is needed.

## **Literature Review**

Stuttering is the most common fluency disorder. It is characterized by excessive disruptions in the production of speech sounds, called disfluencies. While all speakers produce disfluencies such as pauses, interjections, and whole-word repetitions, these are generally considered to be typical disfluencies. People who stutter produce typical disfluencies as well as stuttering-like disfluencies (SLDs; Yairi, 2007). SLDs include part-word repetitions, prolongations of sounds, and blocks (stoppages of sound and airflow). These disfluencies are disruptive to an individual's ability to communicate and cause stress, physical tension, negative reactions, secondary behaviors, and avoidance of specific sounds, words, or speaking situations (ASHA, 2014a & 2014b).

There is not one specific cause of stuttering generalizable for every person; instead the cause is unique for each individual. However, there have been underlying genetic and neurophysiological causes identified. Environmental factors and individual temperament do not cause stuttering, but they can contribute to the severity of the stutter. Recently, there have been three specific genes targeted that, when mutations are present in these genes, researchers believe could be a likely cause of stuttering. There also seem to be both structural and functional neurological differences in the brains of people who stutter, some of which include: differences in gray and white matter, differences in neural network connectivity, and atypical lateralization of hemispheric functions (ASHA, 2014a).

Stuttering is a speech disorder that affects not only a person's physical ability to speak, but is also linked to negative thoughts and emotions related to communicating. The idea of acceptance as related to stuttering therapy is a controversial topic in the field of Speech Language Pathology. Some speech language pathologists (SLPs) believe that to

accept one's stutter is to "throw in the towel" on the effort to obtain fluency for people who stutter (Nippold, 2011, p. 99). Other SLPs believe that the field should encourage a more holistic approach to stuttering therapy, including acceptance based practices along with behavior modification techniques to encourage the client to recognize his/her stutter and any discomfort associated (Boyle, 2011; Yaruss, Coleman, & Quesal, 2012). The idea is that this increased awareness will lead people who stutter to eventually become more comfortable with the way that they speak so that they can modify their speech more easily or to not change their speech at all if they so choose. Whether people who stutter choose to modify their speech or not, the goal is for them to be able to communicate more easily and efficiently than if they were to struggle with the internal battle to not stutter out loud. Ideally, the objective would be for the person to communicate as effortlessly as possible, whether it is with stuttered or fluent speech.

The term "acceptance" has no clear definition when it is related to stuttering. Some researchers believe that accepting one's stutter is to completely give up on being an effective communicator. Those who have this mindset end up being limited in their social and professional pursuits and trapped in a life of anxiety and fear. Even those that believe that acceptance is a positive step for people who stutter disagree on the role that acceptance should play in a person's process of change or their identity as a person who stutters. Some researchers and people who stutter believe that acceptance is the first necessary step for change to occur; that people must accept their stuttering before they can make any lasting changes to their speech. Still others believe that acceptance means not only realizing that it is okay to stutter, but that a person should be proud to be a person who stutters. People who stutter who have this mindset believe that stuttering is part of person's core being and that

they should be honored to belong to this unique group of people (Games, 2013, p. 48). Still others see acceptance as more of a situation-by-situation term. Starkweather and Ackerman (1997) describe acceptance as accepting some aspect of the stutter at the moment that it is happening. It seems to be less of a constant function and more of a situational act. They also clarify that acceptance does not mean approval. Acceptance is a personal matter and people who stutter do not accept their stutter for the approval of other people. Instead, it is a “countering weapon against the defensive reactions of avoidance, fear, and struggle” (Starkweather & Givens-Ackerman, 1997, p. 163). They describe it as a surrender to the current reality. It does not mean accepting that you will stutter forever. It is a calm acceptance that one does not have control over their voice for the time being (Starkweather & Givens-Ackerman, 1997, p. 163). Games (2013) does not believe that acceptance means to be satisfied with where a person is or to be destined to never change, instead she believes that acceptance means “we have attained a position to make clear decisions on our own behalf without the baggage of the past holding us back or the blind optimism of the future jading our expectations” (p. 48). Roemer and Orsillo (2007) also have a compelling definition of what they believe acceptance to mean. They define acceptance as “a willingness to have one’s internal responses in order to participate in meaningful experiences” (Roemer & Orsillo, 2007, p. 74). Yaruss, Coleman, and Quesal (2012) define acceptance as “recognizing a problem for what it is, being willing to experience it, and finding newer or more adaptive ways of addressing it. It should not be viewed as an alternative to change, instead as a crucial part of the process of change” (p. 539). Pollard (2012) differentiates between accepting one’s challenges or acceding to facts (i.e. “I stutter when I talk”) and self-acceptance, which involves a person’s capacity to value him/herself despite perceived weaknesses or limitations

(p. 67). Pollard believes that self-acceptance should be the focus of stuttering therapies and that real acceptance comes when a client sheds resistant behaviors, attitudes, and cognitions. Still others define acceptance by what it is not; Boyle (2011) describes acceptance as the opposite of avoidance, escape, or suppression of symptoms, a “counterpunch to the maladaptive and defensive reactions (e.g., avoidance, fear, and struggle) that only exacerbate stuttering” (p. 125). Although articles have been written on the topic of stuttering and acceptance, the field does not have a working definition of the term acceptance.

The debate about acceptance of stuttering sparked when Nippold (2011) voiced her concern that there is a lack of research on methods to treat stuttering in school-aged children. Other SLPs and professionals agree with this and believe that it is a valid argument (Yaruss et al., 2012). She also “detected a trend in the literature toward counseling children to accept their stuttering and to learn to cope with its negative side effects instead of working directly on the disordered speech” (Nippold, 2011, p. 99). She had an overall negative opinion on the incorporation of acceptance-based therapies; she instead believed that speech therapy for children who stutter should be focused solely on building fluent speech. She believes that for a child who stutters to accept their stutter means for them to give up on trying to achieve fluency, specifically she stated that this acceptance was synonymous with “throwing in the towel on the effort to achieve fluency” (Nippold, p.99). She stresses a strict dichotomy between acceptance and “working directly on the disordered speech” (p. 99).

In response to Nippold’s article, Yaruss, Coleman, and Quesal (2012) collaborated with over one hundred colleagues to write an article addressing what they believed to be discrepancies in Nippold’s article. These colleagues included “SLPs (e.g., researchers and clinicians working in the schools and other settings, board recognized specialists in fluency



disorders, and members of ASHA's Special Interest Group for Fluency Disorders), clinical psychologists and social workers, people who stutter (several of whom are also SLPs), and individuals representing the stuttering support and self-help organizations (e.g., the Stuttering Foundation, Friends: The National Association of Young People Who Stutter, the National Stuttering Association, and the Our Time Theatre Company;" Yaruss et al. 537). By including such a large number of co-authors, the group hoped to offer an unbiased and well-rounded perspective on the issue. They agreed with Nippold that there is not enough current research on treatments for school-aged children who stutter, mentioned that research has shown that many SLPs are uncomfortable working with children who stutter, and that a clearer, more evidence-based trend in the literature would improve clinicians' abilities and comfort in treating children who stutter. However, they disagree that acceptance is equivalent to giving up. They argued that "speech-language pathologists can help children increase their fluency while simultaneously minimizing the adverse impact of their speaking difficulties and helping them improve their overall communication" (Yaruss et al. 536). Yaruss et al. do not agree with the dichotomy that Nippold presents between treatment techniques that increase fluency and treatment techniques that help to lessen the client's negative feelings towards their speech (537). Acceptance does not stand in the way of improved fluency, instead it is "one step in a broader process that can lead to better resilience, improved regulation of emotional and cognitive reactions, better overall mental health, and improved quality of life" (538). They stress that stuttering is multi-dimensional, so treatment plans should include multiple goals that are unique to each individual client. Some examples of possible goals besides increasing fluency were: increasing acceptance, reducing secondary behaviors, improving communication skills, minimizing avoidance, and increasing self-

confidence (p. 537). These treatment goals are ultimately aimed towards minimizing the adverse effects that stuttering might have on a person's life. The main goal of the article was to "support readers (especially school-based clinicians) in making informed, evidence-based decisions about how to help children who stutter communicate effectively while simultaneously minimizing the likelihood that stuttering will cause negative consequences in their lives" (p.537).

There has been some research on the role of mindfulness, which is closely linked to acceptance, when it comes to stuttering. There is significant overlap between what is required for effective stuttering management and the benefits brought about by mindfulness practices. Mindfulness practice results in "decreased avoidance, increased emotional regulation, and acceptance in addition to improved sensory-perceptual processing and attentional regulation skills" (Boyle, 2011, p. 122). Mindfulness meditation requires clients to sit still and maintain their attention on a particular focus, usually their own breathing. If their mind wanders from their breath to the inevitable distracting thoughts and feelings that arise, they are to simply take notice of them and return their attention to the breath. There is an emphasis on accepting the thoughts and feelings that arise without making judgments or elaborating on their implications or need for action (Bishop et. al., 2004, p. 232). This is very similar to the goal of acceptance in stuttering therapies; the therapist wants the client to be able to accept the idea of their stuttering and the physical action of it as simply something that happens and to not ruminate on the feelings of tension, embarrassment, or frustration. The primary goal of mindfulness practice is to get a person to think more reflectively, instead of reflexively (Bishop et al., p. 231). Mindfulness in contemporary psychology has been adapted from Buddhist traditions to become an approach to creating increased awareness and responding

skillfully to mental processes that contribute to emotional distress and maladaptive behavior (Bishop et al. p. 230). Roemer and Orsillo define mindfulness as “chang[ing] their relationship to their internal experience (so that they are more aware, more compassionate, less fused with their thoughts and feelings, and more able to use their emotional responses as information that they can choose or not choose to follow;” p. 78-79). This is similar to acceptance, because people are aware of their stuttering and can appreciate their emotional responses to the stuttering, and then use those to help them calmly decide how to think about themselves and their stuttering. If they are better able to regulate their emotions, people who stutter may be more able to focus on the behavioral goals of their treatment (whether they be stuttering modification, fluency shaping, or any other desired strategy) and less likely to be caught up in an escalation of tension. It is important for people to be able to view thoughts as “just thoughts,” rather than absolute truths (Boyle, 2011, p. 124).

Acceptance and Commitment Therapy (ACT) is a form of Cognitive Behavioral Therapy (CBT). Traditional CBT relies on cognitive restructuring of negative thought patterns by eliminating negative behaviors and replacing them with new, more favorable patterns. This differs from ACT because ACT does not require cognitive restructuring, but instead aims to open up an individual’s awareness and willingness skills to all thoughts through contact with the present moment and by developing less judgmental thoughts about their own behaviors (Palasik & Hannan, 2013). There are six core principles associated with ACT. These are 1) contact with the present moment, 2) acceptance, 3) thought defusion, 4) self as a context, 5) defining values, and 6) committed actions. In ACT, acceptance means that clients are able to sit with their thoughts and experience them as they surface without judgment (Palasik & Hannon). They suggest that acceptance is easier when clients are able to

tie their thoughts and behaviors to positive values. For example, if people who stutter choose to stutter openly and accept all thoughts that arise during these moments, it is beneficial for them to link these thoughts and actions to the fact that “I’m an honest person” or “I’m an open person,” instead of dwelling on the tension and worry that they would typically feel (Palasik & Hannon, p. 60). Beilby and Byrnes (2012) believe for clients to accept the self-concept that “I am a person who stutters,” they must realize that this is only a description of their fluency, and not their whole self. The goal of therapy should be to lead clients away from defining themselves solely by any specific idea, emotion, or characteristic and instead to help them to become more flexible in how they define their self-concept (Beilby & Byrnes).

ACT has proven to be beneficial in treating and managing other neurological disorders in the field of psychology. One meta-analysis investigated the efficacy of ACT and found that there was a clear overall advantage of ACT compared to control conditions. An investigation of 18 randomized control trials showed that ACT was beneficial for anxiety and depression, depression alone, physical health problems, and other mental health disorders. Researchers found that the average ACT-treated participant showed more improvement than 66% of participants in the control conditions (Powers, Zum Vörde Sive Vörding, & Emmelkamp, 2009).

One specific study investigated the use of an acceptance based model for treating Generalized Anxiety Disorder (GAD). GAD and stuttering are both neurologically based disorders that affect a person’s sense of self. This research has shown positive results for using an acceptance-based model for treating GAD. Roemer and Orsillo (2007) define acceptance as “a willingness to have one’s internal responses in order to participate in

meaningful experiences” (p.74). These researchers worked on developing a treatment for GAD that specifically targeted the experiential and behavioral avoidance that characterizes GAD, in order to both improve quality of life and reduce symptoms of GAD. The goal was to change the relationship patients had with their internal experience, so that they were more aware, more compassionate, less fused with their thoughts and feelings and more able to use their emotional responses as information that they could choose or not choose to follow. The therapy introduced mindfulness and acceptance-based strategies for clients to use to face their internal responses to stressful external stimuli. At the completion of this treatment, clients reported higher quality of life and showed significant improvements in GAD, anxiety, worry, and depressive symptoms. The findings suggested that an acceptance-based behavior therapy for GAD may be a promising approach for treatment. However, because of the small sample size that was used and because this study did not include a control group, the authors insist further research on the topic is necessary to determine the efficacy of this treatment approach (Roemer & Orsillo). As there has been little research done on acceptance-based therapies in stuttering and there are parallels between GAD and stuttering (both are neurologically-based), learning from the success that clinicians have had treating GAD with mindfulness and acceptance-based models, perhaps we could apply a similar format to the treatment of stuttering

Plexico, Manning, and DiLollo (2005) explored the journeys to successful stuttering management in seven adults. Participants explained how they successfully manage their stuttering. The researchers identified five recurring themes for successful stuttering management: 1) continued management, 2) self-acceptance and fear reduction, 3) unrestricted interactions, 4) sense of freedom, and 5) optimism. Most of the participants

credited self-acceptance to be one part of their successful management of stuttering, however they often used different terminology that is synonymous with self-acceptance, such as “changes in attitude toward self,” “cognitive change,” “self-awareness,” and “positive self-interpretation.” The authors concluded that successful stuttering management must involve acceptance. One participant stated that self-acceptance is more important than specific techniques for successful stuttering management. Once an individual accepts his/her stuttering, it becomes an asset and a gift. (Plexico, Manning, & DiLollo, p. 15).

The topic of acceptance as it is related to speech therapy for people who stutter is a recent development and there is not much research done on the topic. More research is clearly needed. The current study investigates 1) people who stutter’s definition of acceptance and 2) how important people who stutter believe acceptance is in managing their stutter, their quality of life, and their ease of communication. The qualitative data gathered from the survey will allow conclusions to be drawn on the role of acceptance in stuttering. The hypothesis is that the higher the level of acceptance an individual has for their stutter, the easier it will be for them to communicate in most settings.

## **Method**

### **1) Materials**

The literature review section helped to establish a base knowledge for questions to include in the survey. The literature review included research on the role of acceptance in stuttering as well as research that peripherally relates to the role of acceptance in stuttering. Because there has been little research on the topic of acceptance in stuttering, the survey is largely new information that was of interest to the researcher and not based on previous surveys. The survey included 10 demographic questions, covering information such as age, gender, country of origin, country of residence, education level, age of onset of stuttering, and speech therapy history. The remaining 16 questions consisted of two open-ended free response questions, 5 five point Likert-type scale questions, 4 five point Likert-type scale questions with an opportunity to give examples, and one question in which the participant was asked to rank 7 definitions of acceptance as it is related to stuttering from the definition they agree with the most (1) to the definition they agree with the least (7). A copy of this questionnaire is located in Appendix A.

### **2) Procedure**

The survey was created using Qualtrics, a web-based survey software. It was then shared with Facebook groups for adults who stutter as well as on the “stutter” subreddit for people who stutter on the website [www.reddit.com](http://www.reddit.com). Members of these pages were asked to volunteer to complete the survey to further research in the role that acceptance place in stuttering therapies. The participants gave consent at the beginning of the questionnaire. The responses were anonymized so that no personal

information was gathered from participants. The survey and consent were approved by Appalachian State University's IRB on November 5, 2015.

### 3) Participants

The participants consisted of 54 adults who stutter from around the world. There were 42 males, 11 females and one genderqueer individual that completed the survey (see Table 2). The ages of the participants ranged from 18-74 years old. Of the 54 participants, 19 of them were between 18-24 years old, 28 of them were between 25-44, five of them were between 45-64 years old, and two of them were between 65-74 years old (see Table 1). Of the 53 responses, 41 participants listed their country of origin as the United States of America, 3 Canada, 3 United Kingdom, and 1 each from Ukraine, Netherlands, France, Denmark, Argentina, and New Zealand (see Table 3). Of the 53 responses, 42 of the participants currently reside in the United States of America, 3 in Canada, 2 in the United Kingdom, and 1 each from Switzerland, Netherlands, Ireland, Denmark, Argentina, and New Zealand (see Table 4). All of the participants began stuttering in childhood; 36 of them between ages 0-5 and 18 between ages 6-9 (see Table 7). Fifty-three of the participants have received speech therapy for their stuttering, and only one has not received speech therapy for his or her stuttering (see Table 8). Only 8 participants are CURRENTLY enrolled in speech therapy for their stuttering, while the remaining 46 are not currently enrolled in speech therapy (see Table 9). Seventeen of the participants were students at the time they completed the survey, 29 were employed, four were unemployed, and four were retired (see Table 5). Participants were selected strictly on a volunteer basis. The participant population may not be representative of the general population of adults



who stutter because the majority of responses came from individuals who live in the United States of America, and therefore cannot be generalizable for the world population of adults who stutter.

## **Results**

The purpose of the survey was to determine the role that acceptance plays for people who stutter. Research questions sought to determine where people who stutter feel the most acceptance, how acceptance has impacted their ability to communicate effectively, as well as to ascertain a definition of acceptance. The participants were asked to give their definition of acceptance and rank the various definitions of acceptance last in the survey so as to not sway their answers to the preceding questions. The researcher has presented the definition of acceptance data first here for ease of understanding.

### **Definition of Acceptance**

There were four common themes in the participants' responses when asked how they defined acceptance as it was related to stuttering. Participants described acceptance as (1) "accepting" stuttering or "accepting" that they are different, (2) the ability to speak freely and not feel the need to hide their stutter, (3) feeling that stuttering is a part of who they are and embracing the role of a person who stutters, and (4) being okay or being comfortable with their stutter. The variety of responses and the number of circular definitions that used the word "acceptance" to define "acceptance" indicate that it is difficult to define acceptance as it is related to stuttering in a clear, universal manner. Acceptance means different things for different people; it is a personal matter that one can feel internally but is difficult to describe.

The most common definition for acceptance that participants gave, mentioned by 14 of the 51 respondents, included the word "acceptance" in their definition. Participants used the term in different ways, however. Some said that one must accept that stuttering is part of who they are, others stated that you must accept that [stuttering] is not who you are, but something you do. Still others stated that the definition of acceptance as it is related to

stuttering is to “accept the fact that you stutter” or “accepting that I may take a while to get my words out.”

The second most common theme in the definitions of acceptance, noted by 12 of the 51 respondents, was the mention of less avoidance, being able to speak freely, and not feeling the need to hide their stutter. Responses included: “...giving myself permission to stutter without avoidances” and “not caring about stuttering in front of people.” One participant even defined acceptance as “not allow[ing] stuttering to hold you back from doing what you want to do or saying what you want to say.”

The third most common theme among the definitions of acceptance was the idea of embracing the role of a PWS and realizing that stuttering is a part of one’s identity. Ten of the 51 respondents defined acceptance in this way. Responses included: “I think [acceptance] includes coming to terms with the fact that stuttering is a part of who I am” and “[Stuttering] is a part of me and that’s all it is to me now, a small part.” A few responses defined acceptance as “embracing the role of a PWS.”

The final theme, described by nine of the 51 respondents, included being “comfortable” or being “okay” with stuttering. Some definitions included: “understanding that fluency does not need to be the end goal and that it is ok to stutter,” “acceptance means being comfortable with your stutter exactly the way it is,” “being ok with it being part of your life,” and “being completely comfortable with stuttering...”

Five main themes emerged from participants’ responses when asked to name the situation(s) in which they most accept their stutter. The most common theme involved talking with Loved Ones: family, friends, and significant others were listed by 17 of the 51 participants. The second most common themes involved Openness: eight participants felt the

most acceptance when their conversational partner knew they stuttered or when they were talking about stuttering. Talking with (1) Others who Stutter or SLPs and talking in (2) Casual or Familiar Conversations and Settings were each mentioned by five people. There were also five participants who noted they feel acceptance (3) all or most of the time.

### **Importance of Acceptance**

Of the participants who responded that they are currently enrolled in speech therapy or have been enrolled in speech therapy in the past for their stuttering, 28% say that between none and half of their therapy focused on acceptance, 44% said that half of their therapy focused on acceptance, and 26% said that between half and all of their therapy was focused on acceptance.

When asked how important acceptance was in managing their stutter, 4% of participants said that it was unimportant, 15% said that it was neither important nor unimportant, and 80% of participants said that it was important (see Table 11).

Eight percent of participants said that they never or rarely accept their stutter while at home, 11% said that they sometimes do, and 81% said that they accept their stutter most of the time or always while they are at home. Twenty-seven percent of participants said that they never or rarely accept their stutter while at work, 29% said they sometimes do, and 44% said that they accept their stutter most of the time or always while at work. 14% of participants said that they never or rarely accept their stutter while in social situations, 21% said they sometimes do, and 47% said that they accept their stutter most of the time or always while in social situations (see Table 13).

When asked how much impact the participants' acceptance or non-acceptance of stuttering had on the severity of their stuttering, 14% rated it as no impact or minor impact,

11% rated it as neutral, and 76% rated it as having a moderate or major impact (see Table 12). For those participants that said that acceptance DID have an impact on the severity of their stutter, two specific examples are included below:

“When I find myself more accepting of it, I tend to feel much more in control of the situation—my stutter is part of what makes me who I am. However, if I am feeling less accepting of it on any given day, I tend to block more/get more nervous speaking to new people or in front of groups that I am not used to speaking in front of.”

“Acceptance of my stutter gives me a boost of confidence, making me feel less nervous. This helps me stay relaxed, resulting in less tense speech.”

When asked how important acceptance was to them in recovering from stuttering, 4% responded that it was not important, 15% responded neither important nor unimportant, and 81% responded that it was important (see Table 11).

When asked how much impact the participants’ acceptance or non-acceptance of stuttering had on their ability to communicate effectively, 14% responded no impact or minor impact, 6% responded neutral, and 81% responded moderate or major impact (see Table 12). Below are quotes from people who have accepted their stutter:

“Because I have accepted my stuttering, my ability to communicate has sky rocketed.

I talk to everyone I can and I have great experiences communicating.”

“I am much more patient with myself now. If I am speaking with someone, I don’t worry so much about what they will think, and focus more on what I want to say.”

Some participants have not accepted their stuttering. One individual stated that this leads to avoidance and difficulty communicating:

“Because I try to avoid stuttering, I constantly try word replacement and sometimes I will skip communication all together. If I try to explain a topic to someone and need to use the specific word in context but feel I will stutter, I will try to avoid it and ultimately fail [at] properly communicating the topic.”

When asked how much impact the acceptance or non-acceptance of stuttering had on their quality of life, 14% said there was no impact or minor impact, 17% said neutral, and 70% said that there was moderate or major impact (see Table 12). Some quotes from this section:

“I don’t see myself as an unfortunate and unlucky victim anymore!”

“I am a lot happier and more free knowing that I can be authentic in the way I talk. I like myself much more as a person who stutters than as a person who is fluent (or trying to be fluent).”

One participant credits acceptance of stuttering to his/her career aspirations and wants to help others:

“A couple of years ago I was having a very hard time with my stutter. Now I am a digital media major aiming towards working for MARVEL comics and hopes of creating a superhero who stutters and is comfortable with it. [Acceptance] has greatly improved my outlook on life and has greatly influenced what I want to be doing—spreading stuttering awareness.”

When questioned about the impact that acceptance or non-acceptance of stuttering had on the way listeners viewed the participants and their stuttering, 13% of participants replied that there was little to no impact, 26% were neutral, and 61% said that there was a moderate to major impact (see Table 12). Specific responses that participants gave include:

“I think it makes people more comfortable when you’re up front about and comfortable with it. I find most people want to be understanding and listen, they don’t want to be rude. Them being comfortable about it makes me more comfortable about it.”

“Listeners take cues from the stutterer on how to react. If the stutterer appears uncomfortable then the listener is more likely to feel the same way.”

“The more openly I address it, the more comfortable other people are.”

“Most people don’t care as much as we do, so the less I care/worry about my stutter the more I give of myself.”

Some participants mentioned that listeners are more able to listen to what the speaker had to say instead of how they say it when the speaker had accepted their stutter. An example of this:

“[they] see me as much happier, confident, they also feel less affected by my stuttering—they’re much more at ease, comfortable, and able to listen to what I have to say more often than worrying about how to support/respond to me.”

The final survey question asked participants to rank specific definitions of acceptance from 1 to 7 in order of (1) the definition they agreed with the MOST to (7) the definition they agreed with the LEAST (see Table x). The most highly rated definition was that acceptance involves “recognizing a problem for what it is, being willing to experience it and finding newer or more adaptive ways of addressing it” (Yaruss, Coleman, & Quesal 2012). Fourteen of the 50 participants ranked it #1. The lowest rated definition was that acceptance means “to throw in the towel on the effort to achieve fluency” (Nippold, 2011). Thirty-four of the 50

participants ranked it as #7. The breakdown of rankings for the remaining definitions is located in Table 14.



## Discussion

This is the first study to examine the perceptions of people who stutter regarding the role that acceptance plays in stuttering management and recovery. Overall, participants rated acceptance as a very important aspect in their experience as people who stutter. They also stated that acceptance of stuttering has a significant impact on the severity of their stutter, their effectiveness of communication, their quality of life, and the way that listeners view them. These findings help validate acceptance as a crucial component in living with stuttering and that acceptance of stuttering can lead to increased ease of communication and an overall better quality of life.

The majority of participants rated the definition of acceptance, that acceptance means “to throw in the towel on the effort to achieve fluency,” as the definition that they agreed with the LEAST (Nippold 2011). Most participants rated the definition that acceptance involves “recognizing a problem for what it is, being willing to experience it and finding newer or more adaptive ways of addressing it,” as the definition they agreed with the MOST (Yaruss, Coleman, & Quesal 2012). These results suggest that most people who stutter see acceptance of stuttering in a positive light instead of as a negative aspect that hinders the desire for successful communication. It shows that the recognition of acceptance does not necessarily negate the motivation for increased fluency or efforts to achieve fluent speech. Acceptance of stuttering is not about fluent or disfluent speech, it is about a self-awareness and acknowledgment of one’s self that allows one to be confident in their speaking style and unhindered in communication.

People who stutter found speaking with loved ones to be the situation in which they most accept their stuttering. Their second most common answer was when they were being

open about their stutter or their conversation partner knew about their stutter and they did not feel the need to hide it. There is a clear connection between openness and acceptance. It seems that for people to be open about their stuttering, they must have some level of acceptance. In turn, for people to accept their stuttering, they must be open about it. If people do not accept their stutter, it would be more difficult for them to talk about it with others. It seems that it can become a cycle of accepting and talking about it and thus, experiencing more acceptance. On the other hand, if people do not accept their stutter and do not talk about it, they accept it less and attempt to suppress it. It can become either a positive or negative spiral depending on the mental state of the people who stutter and their acceptance or non-acceptance of their stuttering.

The number one definition that participants gave for acceptance included the word “acceptance” in the definition. This is a fallacy of definition known as a circular definition because the word is being used to define itself. This shows that the concept of acceptance is complicated and people who stutter may not understand it fully, even if they believe that they experience it internally. The second most common definition that was given included “using less avoidance.” This implies that acceptance is the opposite of avoiding and hiding, thus acceptance is NOT doing something. This again, shows that people who stutter do not have a clear vision for what acceptance is. Acceptance is a difficult concept to define, which could be why there is no universally agreed upon definition for acceptance as it is related to stuttering thus far. Being able to define a term takes it from the abstract to the concrete. Words with definitions seem more valid, and in turn, validate the feeling. If an individual can define a feeling, they do not feel ashamed to acknowledge and embrace this feeling. Not being able to define a feeling might make an individual feel like the concept is not important

because somehow words with definitions seem more real and concrete. When, in fact, the data shows that people who stutter (even if they cannot come up with a logical definition for acceptance) rate it as very important in living with, managing, and recovering from stuttering. The majority of respondents believe that acceptance plays a major role in stuttering management, recovery, and even in their overall quality of life. However, if individuals are unable to define the term acceptance, does that hinder their ability to fully accept their stuttering and themselves? One respondent when asked how he/she defined acceptance as it was related to stuttering claimed “It’s a bullshit term, honestly.” Maybe, if there was a palpable definition for acceptance, then this person would not feel this way.

### **Limitations**

The limitations of the study included the relatively small sample size and the uneven age distribution. The results are not necessarily generalizable for the entire population of adults who stutter because the majority of participants were from the United States of America and were under the age of 44. The younger age representation could be a result of the means by which the participants were recruited. Because the participants were recruited via social media websites, it is more likely that younger generations are active on these sites. According to one study, 72% of online young adults are active on social media sites, compared to only 39% of internet-using older adults (Lenhart, Purcell, Smith, & Zickuhr, 2010). Out of 102 participants that began the survey, only 54 completed the entire survey. The reason that just over 50% of participants completed the whole survey could be because they thought that the survey would take too much time or they did not have the motivation to answer all of the questions asked. It might have been helpful if the researcher informed

potential participants of how many questions they were going to be asked to answer before participants began the survey.

### **Future Directions**

Future research should distribute surveys through a variety of outlets, such as paper copies, in addition to online channels. Future research could include a scientific study of acceptance, including control groups, to examine multiple outcomes potentially including: prevalence and severity of stuttering, ease of communication, and quality of life. Since ACT has been studied scientifically in so many other cases (Powers, Zum Vörde Sive Vörding, & Emmelkamp 2009), research on stuttering could use this evidence as a basis for future research in the field of Speech-Language Pathology. Subsequent research should also aim for a larger, more diverse sample size. Support groups such as the National Stuttering Association and Friends, as well as online groups, are increasing in number. Do individuals who participate in support groups feel that acceptance is more important than those who do not participate in these groups? If this is the case, the data in this study could have been skewed because all of the surveys were distributed through online stuttering support groups. Educating people who stutter about what acceptance is could be a beneficial direction towards the advancement of the spread of acceptance among the stuttering community.

### Demographics Information

Table 1.

Age of Participants

Age	Number of Responses (Percentage)
18-24	19 (35%)
25-44	28 (52%)
45-64	5 (9%)
65-74	2 (4%)
75+	0 (0%)

Table 2.

Gender of Participants

Gender	Number of Responses (Percentage)
Male	42 (78%)
Female	11 (20%)
Other (Genderqueer)	1 (2%)

Table 3.

Country of Origin

Country	Number of Participants (Percentage)
United States of America	41 (77%)
United Kingdom	3 (6%)
Canada	3 (6%)
Ukraine	1 (2%)
Argentina	1 (2%)
Netherlands	1 (2%)
France	1 (2%)
Denmark	1 (2%)
New Zealand	1 (2%)

Table 4.

## Country of Current Residency

Country	Number of Participants (Percentage)
United States	42 (79%)
United Kingdom	2 (4%)
Canada	3 (6%)
Switzerland	1 (2%)
Ireland	1 (2%)
Argentina	1 (2%)
Netherlands	1 (2%)
Denmark	1 (2%)
New Zealand	1 (2%)

Table 5.

## Employment Status

	Number of Participants (Percentage)
Employed	29 (54%)
Unemployed	4 (7%)
A Student	17 (31%)
Retired	4 (7%)

Table 6.

## Highest Level of Education Completed

Education Level	Number of Participants (Percentage)
High School or Equivalent	6 (11%)
Vocational/Technical School (2 year)	2 (4%)
Some College	9 (17%)
Bachelor's Degree	20 (38%)
Master's Degree	11 (21%)
Doctoral Degree	3 (6%)
Other	2 (4%)

Table 7.

## Age of Stuttering Onset

Age	Number of Participants (Percentage)
0-5	36 (67%)
6-9	18 (33%)
10-17	0 (0%)
18 +	0 (0%)

Table 8.

Participants who Have Ever Received Speech Therapy for Stuttering

Answer	Number of Participants (Percentage)
Yes	53 (98%)
No	1 (2%)

Table 9.

Participants Currently in Speech Therapy for Stuttering

Answer	Number of Participants (Percentage)
Yes	8 (15%)
No	46 (85%)

Table 10.

How much MOST RECENT therapy focused on Acceptance

Answer	Number of Participants (Percentage)
None-half	22 (53%)
About Half	9 (21%)
Between Half and All	11 (26%)

### Results Tables

Table 11.

Importance of Acceptance in Managing and Recovering from Stuttering

Statement	Number of Responses (Percentage)		
How important is acceptance in:	Unimportant	Neither important nor unimportant	Important
Managing your stutter	3 (6%)	8 (15%)	42 (79%)
Recovering from Stuttering	3 (6%)	8 (15%)	42 (79%)

Table 12.

Impact of Acceptance on Aspects of Communication

Statement	Number of Responses (Percentage)		
How much impact has your acceptance or non-acceptance of stuttering had on:	No Impact or Minor Impact	Neutral	Moderate or Major Impact
The severity of your stutter	8 (14%)	6 (11%)	40 (74%)
Your Ability to Communicate Effectively	8 (16%)	3 (6%)	42 (79%)
Your Quality of Life	8 (14%)	9 (17%)	37 (69%)
The Way Listeners View You or your Stuttering	8 (15%)	14 (26%)	32 (59%)



Table 13.

## Level of Acceptance in Various Contexts

Statement	Number of Responses (Percentage)		
	Never or Rarely	Sometimes	Most of the Time or Always
How much do you feel that you accept your stutter:			
At Home	5 (10%)	6 (11%)	43 (80%)
At Work	15 (28%)	15 (28%)	23 (43%)
In Social Situations	8 (14%)	21 (39%)	25 (46%)

Table 14.

## Ranking of Acceptance Definitions

Definition	Participant Ranking						
	1	2	3	4	5	6	7
Acceptance mean “to throw in the towel on the effort to achieve fluency”	4	3	1	3	3	3	34
Acceptance is “a willingness to have one’s internal responses in order to participate in meaningful experiences.”	3	5	10	16	7	7	3
Acceptance is “a willingness to experience private events fully, without attempting to alter or otherwise control their frequency or form, especially when these attempts cause psychological harm”	4	10	12	7	7	8	3
Acceptance means that one “can sit with his or her thoughts and experience them as they surface without judgment”	8	10	9	6	12	5	1
Acceptance is “the opposite of avoidance,	13	6	5	7	5	12	3

escape or suppression of symptoms”							
Acceptance involves “recognizing a problem for what it is, being willing to experience it, and finding newer or more adaptive ways of addressing it”	14	8	7	6	6	10	0
Acceptance means “attaining a position to make clear decisions on our own behalf without the baggage of the past holding us back or the blind optimism of the future jading our expectations”	5	9	7	6	11	6	7

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## Appendix A. Survey Questions

What is your age?

- € 18-24
- € 25-44
- € 45-64
- € 65+

What is your gender?

- € Male
- € Female
- € Other \_\_\_\_\_

What is your country of origin?

\_\_\_\_\_

What country do you currently live in?

\_\_\_\_\_

Are you currently...?

- € Employed
- € Unemployed
- € A student
- € Retired

What is the highest level of education completed?

- € High school or equivalent
- € Vocational/technical school (2 year)
- € Some college
- € Bachelor's degree
- € Master's degree
- € Doctoral degree
- € Other \_\_\_\_\_

At what age did you start stuttering?

- € 0-5
- € 6-9
- € 10-17
- € 18+

Have you ever received speech therapy for stuttering?

Y      N

Are you currently in speech therapy for stuttering?

Y      N

If yes, how much did/does your therapy focus on acceptance of your stutter?

Never   1      2      3      4      5      6      7      A Great Deal

☐      ☐      ☐      ☐      ☐      ☐      ☐

1. There has been debate in the field of stuttering/fluency disorders about the importance of acceptance. What is your definition of “acceptance” as it is related to stuttering?

2. How important is acceptance to you in managing your stuttering?

Not At all Important   1      2      3      4      5      6      7      Very Important

☐      ☐      ☐      ☐      ☐      ☐      ☐

3. How important is acceptance to you in recovering from stuttering?

Not At all Important   1      2      3      4      5      6      7      Very Important

☐      ☐      ☐      ☐      ☐      ☐      ☐

4. In what situation(s) do you feel that you most accept your stutter?

5. How much do you feel that you accept your stutter at home?

Never   1      2      3      4      5      6      7      Always

☐      ☐      ☐      ☐      ☐      ☐      ☐

5b. At work?

Never   1      2      3      4      5      6      7      Always

☐      ☐      ☐      ☐      ☐      ☐      ☐

5c. In social situations?

Never   1      2      3      4      5      6      7      Always

☐      ☐      ☐      ☐      ☐      ☐      ☐

6. How much impact has your acceptance (or non-acceptance) of stuttering had on the severity of your stuttering?

No Impact   1      2      3      4      5      6      7      Major Impact

If it has, can you provide examples of how your level(s) of acceptance impacts your stuttering?

7. How much impact has the acceptance (or non-acceptance) of your stuttering had on your ability to communicate effectively?

No Impact    1       2       3       4       5       6       7    Major Impact

If it has, can you provide examples of how your level(s) of acceptance impacts your ability to communicate?

8. How much impact has the acceptance (or non-acceptance) of your stuttering had on your quality of life?

No Impact    1       2       3       4       5       6       7    Major Impact

If it has, can you provide examples of how your level(s) of acceptance impacts your quality of life?

9. How much impact has your acceptance (or non-acceptance) of your stuttering had on the way listeners view you or your stuttering?

No Impact    1       2       3       4       5       6       7    Major Impact

If it has, can you give examples of how your level(s) of acceptance impacts the way listeners view you or your stuttering?

10. Please RANK the following definitions of acceptance from 1 to 7 in order of (1) definition you agree with the MOST to (7) definition that you agree with the LEAST.

\_\_ Acceptance means “to throw in the towel on the effort to achieve fluency”

\_\_ Acceptance is “a willingness to have one’s internal responses in order to participate in meaningful experiences”

\_\_ Acceptance is “a willingness to experience private events fully, without attempting to alter or otherwise control their frequency or form, especially when these attempts cause psychological harm”

\_\_ Acceptance means that one “can sit with his or her thoughts and experience them as they surface without judgment”

\_\_ Acceptance is “the opposite of avoidance, escape, or suppression of symptoms”

\_\_ Acceptance involves “recognizing a problem for what it is, being willing to experience it, and finding newer or more adaptive ways of addressing it”

\_\_ Acceptance means “attaining a position to make clear decisions on our own behalf without the baggage of the past holding us back or the blind optimism of the future jading our expectations”